

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>DW</i>	<i>32</i>	<i>6/28</i>
<b>FORMALITY REVIEW</b>	<i>AT</i>	<i>953</i>	<i>08-14-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>H-S</i>	<i>266</i>	<i>01-16-02</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	✓
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6	↓
7	0
8	✓
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13	↓
14	0
15	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/24/01  
941  
01/16/02

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